*	DECLA	ARATION AND	OWER OF	ATTORNEY FO	OR " TE	N' PPLICAT	ION					
	As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below under my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled											
METHODS FOR DIAGNOSIS AND TREATMENT OF BLOOM'S SYNDROME the specification of which (check one)												
												☐ is attached hereto ☑ was filed onNovember 15, 1995
1												
	Application Serial No. 08/559,303											
	and was amended I hereby state that I hav any amendment referred I acknowledge the duty of Federal Regulations, I hereby claim foreign procrtificate listed below a that of the application o	e reviewed and unde I to above. to disclose informat: §1.56 (a). riority benefits unde nd have also identifi	ion which is mater r Title 35, United led below any fore	ial to the examination	of this appl	ication in accordanc	e with Title 37, Code					
\vdash	PRIOR FOREIGN APPLICATION(S)											
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L	NUMBER	COUN	TRY	(DAY/MONTH/	EAR FILE	D) PRIOR	ITY CLAIMED					
						YES 🗆	NO 🗆					
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<u>_</u>						YES 🗆	NO 🗆					
	I hereby claim the benefit under Title 35, United States Code, \$120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, \$112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, \$1.56 (a) which occurred between the filling date of the prior application and the national or PCT international filling date of this application:											
	APPLICATION SE	RIAL NO.	FILIN	G DATE	PAT	STATUS ENTED, PENDING,	ABANDONED					
\vdash												
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	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeapordize the validity of the application or any patent issued thereon.											
		siness in the Patent a	and Trademark Of	fice connected therew	ith. (list nam	ne and registration n	ute this application umber)					
1	Morton Amste	er, Registration No. in, Registration No.	16,677 20 1 18			tion No. 27,476 Registration No. 29,4	m					
	Daniel S. Eber	netein Registration	No 24 932	Joel E. Lutz	rker, Registra	tion No. 29,406						
1	Philip H. Gott	fried, Registration No	No. 25.871			stration No. 30,259						
<u> </u>			. 25,625	Craig J	. Arnol	d, Reg. No.	34,287					
	SEND CORRESPONDEN	AN		STEIN & EBEN		•						
<u> </u>				w York, New Y	ork 10016	j						
	DIRECT TELEPHONE CA		AND TELEPHONE 2) 697-5995	NUMBER)								
	ULL NAME OF SOLE OF	R FIRST INVENTO	R			CITIZENSHIP						
Ne	than Ellis	F _				U.S.A.						
	NVENTOR'S SIGNATURE	"ERZ/			ŀ	April 19,	1996					
25	6 West 10th Str	eet, New Yor	k, New Yor	k 10014								
Р	OST OFFICE ADDRESS											
	me as residence	CITIZENSHIP	ZENSHIP									
James German SECOND (NVENTOR'S SIGNATURE						4.19.96						
2	ESIDENCE O Riverside Dri	ve. New York		10025		4, (4.40						
P	OST OFFICE ADDRESS											
Same as residence.												
							.S.A.					
						DATE						
35	ESIDENCE 13 Clarkwood Pla	ace, Cincinn	ati, Ohio	45208								
	POST OFFICE ADDRESS											
Sa	Same as residence.											

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As a below named invent My residence, post office I believe I am the origina are listed below) of the st	or, I hereby declare address and citizer I, first and sole inve ubject matter which	e that: iship are as stated b intor (If only one n is claimed and for	elow under my name ame is listed below) o which a patent is so	e, or an original, fir- ought on the inve	st and joint invente ntion entitled	or (if plural names						
METHODS FOR DI		TREATMENT (OF BLOOM'S S	YNDROME								
the specification of which (check one)	1											
is attached hereto												
I) was filed on November 15, 1995												
Application Serial No. 08/559,303												
and was amended on (If applicable) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by												
I hereby state that I have any amendment referred I acknowledge the duty to of Federal Regulations, § I hereby claim foreign pri- certificate listed below an that of the application on	to above. o disclose informati i 1.56 (a). iority benefits unde id have also identifi	ion which is materi r Title 35, United S ed below any forei	al to the examination	of this applicati	on in accordance w	vith Title 37. Code						
			GN APPLICATIO	N(S)								
NUMBER	COUN				PRIORITY CLAIMED							
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					YES 🗆	NO 🗆						
I hereby claim the benefit under Title 35. United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56 which occurred between the filling date of the prior application and the national or PCT international filling date of this application:												
APPLICATION SEP	IIAL NO.	FILING DATE		STATUS PATENTED, PENDING, ABANDONED								
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that sufful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeapordize the validity of the application or any patent issued thereon.												
POWER OF ATTORNEY: As a nemed inventor. I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number) Morton Amster, Registration No. 16,677 Jesse Rothstein, Registration No. 20,118 Daniel S. Ebenstein, Registration No. 20,118 Daniel S. Ebenstein, Registration No. 24,932 Philip H. Gottfried, Registration No. 25,871 Michael J. Berger, Registration No. 25,829 Craig J. Attorney Craig J. A												
SEND CORRESPONDENC	AN		STEIN & EBEN	NSTEIN								
DIRECT TELEPHONE CA												
Craig J. Arnold, 1		2) 697-5995										
FULL NAME OF SOLE OR	FIRST INVENTO	R			ZENSHIP	1						
Nathan Bllis INVENTOR'S SIGNATURE				DAT	S.A.							
256 West 10th Stre	et, New Yor	k, New York	10014									
POST OFFICE ADDRESS Same as residence.												
FULL NAME OF SECOND	ZENSHIP											
James German	S-A											
				الما	-							
270 Riverside Dri	ve, New York	, New York	10025									
POST OFFICE ADDRESS Same as residence					-							
FULL NAME OF THIRD JO	INT INVENTOR	IF ANY			ZENSHIP							
INVENTORS SIGNATURE	S.A.											
NVENTOR'S SIGNATURE	5.19.96											
3513 Clarkwood Pla	e, Cincin	ati, Ohio 4	5208									
//post office address /												